## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066359

1. Entity Name

TRUMP LAUDERDALE DEVELOPMENT NO. 2 LLC



FILED Apr 25, 2007 08:00 All Secretary of State

Principal Place of Business

C/O MAR-A-LAGO CLUB 1100 S. OCEAN BLVD. PALM BEACH, FL 33480 Mailing Address

C/O MAR-A-LAGO CLUB 1100 S. OCEAN BLVD. PALM BEACH, FL 33480



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1618253		Applied For Not Applicable
20-1010233		Not Applicable
5. Certificate of Status Desired		Additional equired

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331

## DO NOT WRITE IN THIS SPACE

12 33331		
named entity submits this statement for the purpose of chan ions of registered agent.	lging its registered office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
Signature, lyped or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstalling)	DATE
ling Fee is \$50.00 ue by May 1, 2007		
MANAGING MEMBERS/MANAGERS		
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	named entity submits this statement for the purpose of chan ons of registered agent.  Signature, typed or printed name of registered agent and title if applicable  ling Fee is \$50.00  Le by May 1, 2007  MANAGING MEMBERS/MANAGERS	named entity submits this statement for the purpose of changing its registered office or registered agent, or boons of registered agent.  Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  Iling Fee is \$50.00  MANAGING MEMBERS/MANAGERS  MGRM  TRUMP, DONALD J  725 FIFTH AVENUE - 26TH FLOOR  NEW YORK, NY 10022

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited hability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN . NG MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone •